CAMBRIDGESHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1961

P. A. TYSER, M.D., D.P.H.
County Medical Officer of Health

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County Medical Officer of Health
SHIRE HALL,
CAMBRIDGE
Tel. No. : Cambridge 58811

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To the Chairman and Members

of the

Cambridgeshire County Council

Ladies and Gentlemen,

The following report is prepared in accordance with Ministry of Health Circular 1/62 which this year calls for particular comment on certain aspects of the health services, as well as matters which are usually dealt with in Annual Reports of Medical Officers of Health.

Local Government Commission

The final proposals of the Local Government Commission for the East Midlands Review Area were received in July, 1961 and recommend that the Counties of Cambridgeshire and the Isle of Ely should be united, with the City of Cambridge remaining a non-county borough. It was also recommended that the Counties of Huntingdonshire and the Soke of Peterborough should unite. It is expected that during 1962 a Public Inquiry will be held concerning these proposals.

General

In my report for last year, many of the services organised by the Council and some aspects of future developments were discussed in detail. In Circular 1/62 the Minister has asked for information inter alia on the subjects of health education (page 38), chiropody (page 37), and mental health (page 41) and the relevant sections of the report indicated by the page numbers in parentheses deal with these matters together with the important subject of health visitors working with general practitioners (page 21) and the follow up of persons discharged from hospital (page 25), two very vital matters in the developing community services, the key to which lies in the general practitioner being adequately supported by the domiciliary public health nursing services. It is through this team that, where there is no conflict of statutory duties, other paramedical and social services should be channelled and through which contact may be kept with patients who go into hospital. The memorandum appearing on page 21 describes the problem of integrating for the best use of the consumer the complexity of community services which have developed, in particular since 1948, and indicates a way in which a solution of this difficult problem might be put into effect.

It is unfortunate that government has decided over the years to review the organisation of certain aspects of the medico-social services under three separate enquiries, the Working Party on the Field of Work, Training and Recruitment of Health Visitors, the Working Party on Social Workers in Local Authority Health and Welfare Services (Younghusband) and the Committee on Children and Young Persons (Ingleby), since in my view this has done little to assist either the rationalisation of services or the most economical use and recruitment of man power available from the central pool of working population. Is it possible to hope for, in the not too distant future, a Royal Commission charged with the duty of determining the best way in which

the country's medico-social needs (using the term in its widest possible sense) may be met? Such an examination of the situation might well reveal that existing patterns pay too much tribute to the past and insufficient to the future requirements of community care.

Circular 10/61 from the Ministry of Health commended the Younghusband Report on Social Work to local health and welfare authorities. On page 47 reference is made to the fact that the Council has taken steps to send one candidate away for middle grade social worker training with a view to joining the Council's mental welfare staff, and another candidate for similar training who will join the staff of the Welfare Department.

Care of the Elderly

In March 1961 the Council received Circulars 12/61 from the Ministry of Health and 10/61 from the Ministry of Housing and Local Government on the care of the elderly.

The Registrar General estimates that there are now in the administrative county 24,300 persons aged 65 and over. One of the most important public health problems now and for many years to come is the development of appropriate services for these veterans. Essentially the care of the country's elderly is the community's responsibility, a factor which post war legislation has tended to overshadow. Nevertheless, certain services are essential if the elderly are to enjoy to the full the evening of their lives, which ideally should be spent in homes of their own. The health visiting, nursing and home help services are essential in achieving this end, but above all is the need for satisfactory housing. The district councils continue to develop purpose built housing for the elderly but much more will be required as the years go by. The Council's own plans for homes for the elderly have been frustrated by the continuing difficulty in finding suitable sites in strategic areas and the length of time it takes to effect purchase and begin building; at the time of writing the position has improved somewhat. During the year the public health nursing services were asked to make a return of all handicapped people in their areas for whom they thought some form of service was required; this investigation was in connection with the Council's scheme for handicapped persons under Sections 29 and 30 of the National Assistance Act, 1948. It was notable how many elderly people's names were sent in and perhaps as illustrative of the problems confronting the community services the following extract from a note one nurse sent in with her return of handicapped will highlight the difficulties of the elderly:-

> "There are in the two villages, not included in the list and apart from those living with younger relatives, approximately fifty couples and eighty-five single persons (including widows and widowers) over 65 living entirely alone. These are coping well at present but might need help at any time as they include quite a number of eighty and even ninety year olds, who have had fractured femurs fixed by Smith Peterson nail or major operations etc. There is also a group of younger persons not included, with emphysema of lungs, bronchiectasis, post endocarditis, rheumatism and injured or deformed feet, all working at present but probably needing occasional help."

It will be recalled that the Council took steps to call a meeting in 1954 of interested organisations, both statutory and voluntary, to consider most of the aspects covered by these Circulars, namely, a central place for the collection of information about old people in need, housing, and co-operation with voluntary organisations; all concerned have striven to meet the veterans' needs. It is unfortunately true that despite all the good will in the world many come to the notice of the field workers later than they should and some form of voluntary notification of "elderliness" might be of considerable assistance in saving unnecessary hardship and suffering and in making more economical use of the available manpower in the services concerned with care, in the widest sense, of veterans.

The Geriatric Liaison Committee referred to in last year's report has continued to meet regularly and provides an important clearing house for the problems of the aged and the services available.

Deafness

Loss of sight has always evoked greater attention and sympathy than loss of hearing though the silence of the latter is as devastating as the darkness of the former. Ministry of Health Circulars 23/61 and 25/61 deal with young children handicapped by impaired hearing and welfare services for the deaf respectively. On page 49 I have included a note on the Council's developing services.

Poliomyelitis

It has been shown that immunity to poliomyelitis may be obtained by ingesting attenuated live poliomyelitis virus, Sabin's oral vaccine. Towards the end of the year, Circulars were expected announcing the introduction of oral poliomyelitis vaccine, but these were ultimately received in February 1962.

The successful operation and application of the community services is essentially a matter of team work throughout the organisations set up to form the welfare state: in Cambridgeshire we are fortunate in having a good team and to all the members of the team and the Committees concerned, both statutory and voluntary, I extend my sincere gratitude.

I am,
Your obedient Servant,

P. A. TYSER,

County Medical Officer.

May 1962.

HEALTH COMMITTEE

Chairman: Councilor H. R. Mallett, O.B.E.

Alderman M. Carter	Councillor M. A. Bowen
" P. F. Dennard, O.B.E.	" E. Briggs
" E. G. G. Frost, C.B.E., M.A.	" E. W. Bullman
" E. W. Parsons	" M. C. Burkitt
" A. C. Taylor	" J. H. Clark
	" R. J. Davies
	" D. Greaves
	" H. Hartley
	" E. Hepher
	" G. M. Macfarlane-Grieve
	" D. M. Nichols
	" C. Webb
	" E. Whitehead
	" L. Whittaker

Nominated by the Cambridgeshire Local Medical Committee:

Dr. A. Brown
Dr. M. G. P. Reed

Nominated by the Royal College of Nursing:

Miss H. E. Wakelin

MENTAL HEALTH SUB-COMMITTEE

Chairman: Councillor H. R. Mallett, O.B.E.

Alderman M. Carter	Councillor E. Briggs
" P. F. Dennard, O.B.E.	" E. W. Bullman
" E. G. G. Frost, C.B.E., M.A.	" M. C. Burkitt
" E. W. Parsons	" J. H. Clark
	" D. Greaves
	" E. Hepher
	" G. M. Macfarlane-Grieve
	" D. M. Nichols
	" E. Whitehead
	Dr. M. G. P. Reed

Co-opted Members:

The Lady Adrian
Mrs. P. R. Burnett
Mr. J. A. Day
Mr. K. H. Rose

HOME HELP SERVICE SUB-COMMITTEE

Chairman: Councillor H. R. Mallett, O.B.E.

Alderman M. Carter	Councillor E. W. Bullman
	" E. Hepher
	" E. Whitehead

STAFF

County Medical Officer of Health: P. A. Tyser, M.D., B.S., D.P.H.

Deputy County Medical Officer of Health: J. Drummond, M.B., Ch.B., D.P.H.

Principal Dental Officer: J. R. Toller, M.Sc.D., L.D.S.

County Nursing Officer: Mrs. S. Mee, S.R.N., S.C.M., H.V.Cert., Q.N., Admin.Cert.

Home Help Organiser: Miss O. B. Greenslade

Home Teachers: Miss R. M. Peel
Mrs. M. Sier

Lay Administrative Officer: L. Bly, A.C.C.S., D.M.A.

Chief Clerk: H. J. Sadler

CITY OF CAMBRIDGE

Under the scheme of delegation which commenced on 1st October, 1960, certain health and welfare services in the City of Cambridge are administered through the City Welfare Services Committee.

Medical Officer of Health for the City of Cambridge:

C. G. Eastwood, B.Sc., M.D., D.P.H.

Medical Officers for Maternity and Child Welfare:

M. C. K. Patterson, M.B., Ch.B., D.P.H., D.O.
I. M. S. Nicholls, M.B., Ch.B., D.P.H.

GENERAL STATISTICS OF THE ADMINISTRATIVE COUNTY

Area	315,168 acres
Rateable value	£2,818,682
Mid-year population (Registrar General's estimate)	191,000
Census population 1951	166,887
Census population 1961	189,913
Birth rate	16·3
(corrected)	17·1
Death rate	11·0
(corrected)	10.6
Infant mortality rate	17·0

GENERAL INFORMATION

The area of the Administrative County remains unchanged at 315,168 acres. The mid-year population was divided as to 94,810 persons resident in the City of Cambridge of which some 8,000 are undergraduates of the University. The rural population numbered 96,190 and now exceeds that of the urban area.

It will be seen from the table which appears on page 59 that the population of the City has increased by 970, while the rural area shows an increase of 3,770. It will be seen that in the 10 years since the last census the total population has increased from 166,887 to 189,913, a net increase of 23,026 persons.

There is no heavy industry in the area, the main industry being agriculture. Public transport is orientated toward the City and inter-village communication by this means is not at all times possible. These matters need to be borne in mind in considering the health services in the area.

Although mains water has been available throughout the county for some time, in recent years greatly increased demand has, in certain areas, caused periodic local shortages. Part of this increased demand has been caused by the installation of water carriage sewerage systems in existing houses, and also by the amount of new buildings in the villages, but the factor which has precipitated the shortages has been the enormously increased agricultural demand, particularly for irrigation. This demand is much more than many pumps can deliver and many mains can carry, particularly with the older installations. A major programme of relaying of mains and distribution systems and the building of adequate storage reservoirs is necessary to prevent these annually recurring shortages but, unfortunately, until the proposed amalgamation of the water undertakings is accomplished - irrespective of who is in control - there is little hope of this being done. Although water undertakings have a statutory requirement to supply water for domestic purposes only an adequate supply of water is vital for the increasingly competitive agricultural and horticultural industries. As these industries are essential to the economic health of a rural area the water undertakings must, in the future, make their plans so that they are able to meet these urgent demands.

The great leap forward by the rural district councils to try to bring main drainage to the villages continues, and where a council is able to show that any particular scheme is not only desirable but necessary Ministerial approval continues to be forthcoming at the present time. However, as councils know from experience, it is a long and perilous journey from the time that the initial resolution to sewer a village is agreed in council until the scheme is finally completed.

The following table shows how the rural district councils are tackling the vast problem with which they are faced. Although the cost in providing this service is high there is no doubt that the people living in these villages all feel that this is indeed money well spent.

SEWERAGE SCHEMES

	CHESTERTON R.D.C.	Year completed	NEWMARKET R.D.C.	Year completed	SOUTH CAMBS. R.D.C.	Year completed
Previously completed:	Fulbourn	1957	Soham	1956	Gamlingay (Stage 1)	1959
	Girton	1955	Bottisham	1957	Gamlingay (Stage 2)	1960
	Great Shelford	1959	Lode, Long Meadow	1959	Linton	1953
	Histon	1955			Melbourn	1957
	Impington	1956				
	Milton	1953				
	Madingley	1960				
Completed during 1961:	Little Shelford Teversham		Burwell (Phase 1)		Meldreth	
Continuing under construction during 1961:	Cottenham Impington (Extension) Stapleford		Fordham Burwell (Phase 2)		Sawston 3 Pampisford	
Schemes for which plans are in preparation:	Over 1 Willingham 1 Swavesey Longstanton 1 Hauxton Harston Haslingfield Coton Waterbeach Landbeach Comberton Dry Drayton Oakington		Swaffham Bulbeck Swaffham Prior Reach Isleham Dullingham 2		Whittlesford Duxford Foxton Shepreth Ickleton Hinxton Littlington 2 Balsham 2 Bassingbourn 2 Kneesworth 2	

1 - Schemes awaiting Ministerial approval at present.
2 - Scheme expected to commence in 1962.
3 - Includes reconstruction of existing sewers.

The building programmes of the housing authorities continue with their emphasis on slum clearance and provision for the aged but these have been greatly handicapped by the difficulty in attracting builders to tender for council contracts. At the same time an extensive programme of installing modern amenities in pre-war council houses is being carried on: although this work does not increase the total number of housing units available, it cannot be neglected or put off until some unknown future date when more building labour is available.

It has been customary in the past for this report to deal with general policy in the administrative county and all services directly administered, leaving the City Medical Officer of Health to report upon the activities of those health services delegated. This practice is continued and the Principal School Medical Officer's report and the City Medical Officer of Health's report should be read in conjunction with this report.

NATIONAL HEALTH SERVICE ACT, 1946

Section 21 Health Centres

22 Care of Mothers and Young Children

23 Midwives Service

24 Health Visiting

25 Home Nursing

26 Vaccination and Immunisation

27 Ambulance Service

28 Prevention of Illness, Care and After-Care

29 Home Help Service

Mental Health Service

SECTION 21 - HEALTH CENTRES

No demand for Health Centres in Cambridgeshire has ever been made nor has the need been apparent, consequently no serious consideration has ever been given to their provision.

The City is the centre of the hospital, dental and pharmaceutical services of the area whilst in the rural area the fact that the majority of public transport radiates to and from the City brings the facilities not available locally within reach of the population.

In considering Sections 22 to 25 of the National Health Service Act, 1946, it should be understood that in the City a separate service is operated and consists of 13 Health Visitors, 12 Home Nurses, 6 Midwives.

In the rural area where there are no centres of population greater than 5,000, it has been found that a service based in the main on the generalised pattern is the most suitable. Details of the development and establishment of the nursing services in the rural area will be found in the report on page 21.

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

Clinics and Treatment Centres

The combined ante- and post-natal clinic in the City, for which there is no equivalent in the rural area, continues to meet monthly. Almost two-thirds of the confinements of women resident in the rural area take place in hospitals which offer clinic facilities additional to the supervision exercised by general practitioners and health visitors, the remainder are almost all booked with their general practitioners who, with the health visitor and midwife, afford them the necessary ante- and post-natal supervision.

Ten infant welfare centres continue to operate in the City but by the end of the year the number in the rural area had been reduced from 34 to 31 by the closure of centres at Gt. Wilbraham, Longstanton and Wicken, which, by reason of small attendances had become expensive in doctors' and nurses' time. Alternative arrangements for the mothers and children concerned (including the provision of transport to neighbouring centres) were made and no difficulties have arisen.

Efforts continue to be made to obtain more suitable accommodation for the clinics where this is required. The disposable sterile syringe service has continued and is generally appreciated. It is a pleasure to record my gratitude to the voluntary workers at the centres and the medical officers concerned for their enthusiastic co-operation and to the Chief Education Officer and the Governors and Wardens of the five Village Colleges where facilities for meetings of infant welfare centres are afforded.

The following tables give the location of the clinics in the City and the rural area and an account of the work done:-

TABLE 1

CITY ANTE-NATAL and POST-NATAL CLINIC

(held at Auckland Road Clinic 1st Friday in month, p.m.)

	Number of premises in use at end of year	Average number of combined Medical Officers and Midwives sessions held per month during year	Number of women in attendance		Total number of attendances during the year
			Number of women who attended during the year	Number of new cases included in col. 3	
a) For ante-natal examination	1	1	86	84	135
b) For post-natal examination			3	2	4

TABLE 2

CITY INFANT WELFARE CLINICS

Clinic		Day and Time Held	
Arbury Road	I.W.C.	Monday	p.m.
Arbury Road	I.W.C.	Tuesday	a.m.
Auckland Road	I.W.C.	Tuesday	p.m.
Auckland Road	Todd	Friday (3 times a month)	p.m.
Castle Street	I.W.C.	Tuesday	a.m.
Castle Street	I.W.C.	Tuesday	p.m.
Cherryhinton	I.W.C.	Monday	p.m.
Cherryhinton	Todd	Thursday (once monthly)	a.m.
Cherryhinton	I.W.C.	Thursday	p.m.
Chesterton	I.W.C.	Thursday	p.m.
Chesterton	Todd	Friday (once monthly)	p.m.
East Barnwell	I.W.C.	Tuesday	p.m.
East Barnwell	Todd	Friday (once monthly)	p.m.
Newnham	I.W.C.	Wednesday	p.m.
Norwich Street	I.W.C.	Wednesday	a.m.
Romsey	Todd	Monday	p.m.
Romsey	I.W.C.	Wednesday	p.m.
Romsey	I.W.C.	Thursday	a.m.
Trumpington	I.W.C.	1st & 3rd Monday in month	p.m.

TABLE 3

CITY INFANT WELFARE CENTRE ATTENDANCES

Number of centres provided at end of year	Number of Child Welfare sessions held per month at centres in col. 1	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in:			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were:			Total attendances during the year
			1961	1960	1959-56		Under 1 year	1 but under 2	2 but under 5	
10	60	1,212	1,076	1,029	1,417	3,522	17,042	3,547	2,723	23,312

TABLE 4

RURAL AREA INFANT WELFARE CENTRES

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1st			Cheveley	Bassingbourn V.C. Dullingham Harston Swavesey	Isleham Melbourn
2nd	Bassingbourn R.A.F. Gt. Shelford	Burwell Soham	Cottenham	Castle Camps Waterbeach Willingham	
3rd		Bottisham Comberton Fulbourn		Chippenham Foxton Balsham Bassingbourn V.C. Duxford Gamlingay	Fordham Linton Melbourn
4th	Bassingbourn R.A.F. Gt. Shelford	Fowlmere (always last week) Soham	Bourn (always last week)	Gt. Abington (always last week) Swavesey	
			Histon * Girton / Sawston /	Steeple Morden ‡	

* Every four weeks with effect from Wednesday, 28th March, 1962

/ Every two weeks with effect from Wednesday, 28th March, 1962

‡ Every two weeks with effect from Thursday, 29th March, 1962

CENTRES	Number of Child Welfare sessions held per month at centres in col. 1	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in:			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were:			Total attendances during the year
			1961	1960	1959–56		Under 1 year	1 but under 2	2 but under 5	
Balsham	1	34	29	28	36	93	182	90	92	364
Bassingbourn	2	50	37	36	40	113	385	172	61	618
Bottisham	1	36	29	24	10	63	209	62	8	279
Bourn	1	33	33	25	46	104	203	125	178	506
Burwell	1	34	51	49	20	120	469	92	34	595
Castle Camps	1	11	10	13	25	48	82	27	3	112
Cheveley	1	19	14	23	18	55	108	74	44	226
Chippenham	1	14	9	9	16	34	72	36	29	137
Comberton	1	43	28	36	41	105	231	85	101	417
Cottenham	1	16	13	23	37	73	154	91	131	376
Dullingham	1	29	24	20	32	76	160	67	104	331
Duxford	1	48	34	55	75	164	321	183	162	666
Fordham	1	24	18	8	19	45	96	38	72	206
Fowlmere	1	19	14	18	17	49	137	42	50	229
Foxton	1	24	23	17	36	76	154	65	164	383
Fulbourn	1	57	50	47	39	136	263	109	78	450
Gamlingay	1	38	30	18	28	76	201	56	63	320
Girton	2	55	37	43	44	124	568	116	35	719
Gt. Abington	1	26	14	19	21	54	119	40	75	234
Gt. Shelford	2	126	97	105	112	314	1,098	324	244	1,666
Gt. Wilbraham	–	8	8	8	22	38	31	13	24	68
Harston	1	40	28	37	39	104	184	92	89	365
Histon	1	54	38	44	102	184	389	238	242	869
Isleham	1	16	12	11	11	34	104	37	23	164
Linton	1	18	17	28	19	64	188	70	33	291
Longstanton	–	7	4	10	8	22	37	14	17	68
Melbourn	2	54	43	54	50	147	624	223	277	1,124
Sawston	2	68	64	59	102	225	975	420	705	2,100
Soham	2	44	34	35	22	91	492	176	67	735
S. Morden	2	30	28	31	47	106	295	96	122	513
Swavesey	2	37	24	23	29	76	203	105	134	442
Waterbeach	1	110	74	64	47	185	467	121	67	655
Wicken	–	4	4	5	13	22	55	51	26	132
Willingham	1	18	11	17	23	51	116	86	70	274
	39	1,244	983	1,042	1,246	3,271	9,372	3,636	3,626	16,634

Premature Infants

The following tables give particulars of premature live and stillbirths in the Administrative County.

The total number of premature live births, 174, represents a rate of 56·0 per 1,000 live births as against a rate of 49·3 for 1960.

TABLE 6

PREMATURE INFANTS - CITY

Weight at birth	Premature Live Births															Premature Still-Births		
	Born in Hospital*			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	9	4	3	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	16	1	13	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	13	-	12	3	-	3	-	-	-	1	-	1	-	-	-	3	-	-
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	32	-	32	7	-	7	-	-	-	2	-	2	-	-	-	-	-	-
Totals	70	5	60	10	-	10	-	-	-	3	-	3	-	-	-	6	-	-

* The group under this heading will include cases which may be born in one hospital and transferred to another.

TABLE 6A

PREMATURE INFANTS - RURAL AREA

Weight at birth	Premature Live Births															Premature Still-Births		
	Born in Hospital*			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	11	5	4	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	16	1	15	-	-	-	1	-	1	-	-	-	-	-	-	3	-	-
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	15	-	15	3	-	3	1	-	1	-	-	-	-	-	-	-	-	-
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	34	-	34	9	-	9	1	-	1	-	-	-	-	-	-	1	-	-
Totals	76	6	68	12	-	12	3	-	3	-	-	-	-	-	-	8	-	-

* The group under this heading will include cases which may be born in one hospital and transferred to another.

Dental Treatment of Expectant and Nursing Mothers and Young Children

The serious situation with regard to lack of staff in the Local Authority's dental service, which has been apparent for a number of years, unfortunately continues and only a fraction of what may be regarded as necessary and desirable can be undertaken for expectant and nursing mothers and young children. Neither is it possible to devote time to dental education, a feature which would be of the greatest value were it not for the inability to carry out remedial and conservative treatment.

The following tables give an account of the work accomplished during 1961:-

TABLE 7

DENTAL TREATMENT

A. NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	65	65	65	56
Children under Five	146	132	126	101

B. FORMS OF DENTAL TREATMENT PROVIDED

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
ctant and ing Mothers	17	52	-	-	166	10	6	4	16
dren r Five	10	104	58	-	46	28	2	-	2

Distribution of Welfare Foods

The arrangements in force at the beginning of the year for the distribution of welfare foods continued unchanged throughout the year.

The table which follows gives details of the quantities of the foods issued and shows a definite decline for all commodities, no doubt reflecting the increase in prices which became effective in June, in the case of all but National Dried Milk. There were changes in the methods of accounting in connection with the sale of the foods and the fact that these were put into effect smoothly makes it an even greater pleasure to record my thanks to the

volunteers at infant welfare centres and other distribution points.

TABLE 8

WELFARE FOODS

	Total issued		Issued at Old Post Office	
	1961	1960	1961	1960
National Dried Milk (Tins)	15,111	21,535	8,287	10,490
Cod Liver Oil (Bottles)	7,978	11,433	3,132	4,857
A. and D. Tablets (Packets)	8,542	11,347	5,191	7,381
Orange Juice (Bottles)	66,922	96,817	33,896	49,893

Day Nurseries and Nurseries and Child Minders Regulation Act, 1948

The following table sets out the attendances at the single Day Nursery provided by the Authority in the City of Cambridge:-

TABLE 9

DAY NURSERIES

Number of approved places		Number of children on register at end of year		Average daily attendance during year	
Under 2	2-5	Under 2	2-5	Under 2	2-5
14	26 F.T. 3 P.T.	16	32 F.T. 1 P.T.	11	24 F.T. 1 P.T.

(F.T. - Full-time; P.T. - Part-time)

As in previous years no financial assistance towards the operation of other nurseries or to daily minders has been given. At the end of the year, in the Administrative County, 13 nurseries provided for 202 children and 9 daily minders provided for a total of 51 children.

Care of the Unmarried Mother

There were no changes in the arrangements for the care of the unmarried mother and her child; they continued to be carried out on an agency basis by the Ely Diocesan Moral Welfare Association who maintain a mother and baby home in the City, and by the Cambridge Association for Social Welfare to whom an annual grant of £225 is made. Social work is undertaken by the Organising Secretary of the former Association, duties in connection with adoption are however exercised by another social worker of the Association. At the end of the year consideration was being given to an additional appointment. The Cambridge Association for Social Welfare performs both social welfare and adoption duties in the City. Applications for assistance in specific cases were also received from the Northampton Diocesan Catholic Child Protection and Welfare Society.

In the Administrative County, grants towards the cost of maintenance in mother and baby homes were made in 11 cases, 3 more than in 1960.

SECTIONS 23, 24 and 25 - MIDWIVES SERVICE, HEALTH VISITING AND HOME NURSING

In recent years the emphasis with regard to medical care has been changing from hospital to community. This must inevitably increase the work of the domiciliary public health nursing service team and it is right that this should be so, though it carries with it the important implication that sufficient staff will be available in the field to make effective this desirable shift of emphasis. Such a change in grand policy recognises the important role of the general practitioner and places him as the central figure in the health service. For him the domiciliary public health nursing team is as essential as the para-medical staff in hospitals. In rural areas, making use of the generalised system of nursing, general practitioners have in one nurse the combined skills of health visitor, nurse and midwife and in rural Cambridgeshire a fair measure of integration has thereby been achieved. But to emphasise the growing complexity of the task of enabling the community to obtain the best use of all the many services available, I prepared towards the end of the year the following but by no means exhaustive memorandum which has subsequently been accepted in principle by the Health Committee:-

MEMORANDUM BY THE COUNTY MEDICAL OFFICER ON MEDICO SOCIAL SERVICES IN THE RURAL AREA OF THE ADMINISTRATIVE COUNTY OF CAMBRIDGE

1. The staffing and functions of the social services have been the subject of comment in many places. With the proliferation of social services following two world wars, two major considerations have developed, namely, the need to conserve the use of highly trained staff and the urgent necessity of providing channels of communication between staff.

2. Overlap of service is frequently criticised as leading to duplicated visiting, but it is probably equally true that known cases may be uncared for because each of several categories of social workers believes the other is in charge. For a successful community social service such overlap and missed cases must be avoided.

3. With the growing accent on community services it is essential that no-one's time is wasted for there is certainly no problem of overstaffing in the social services. In rural Cambridgeshire the following is a brief outline of the pattern of services for the community:-

4. General Practitioners

Although there is inevitably some overlap of practice areas this becomes less so the further away the village is from the City boundary, and is, in any case, of little significance in the problem of community care.

5. Local Authority Doctors

(i) Directly employed

Each has a number of Village Colleges for which they are responsible (regional duties). They also attend other schools on a functional basis.

(ii) Sessionally employed

General practitioners and others carry out the duties of medical officers at pre-school clinics.

6. Nurses

(i) For purposes of health visiting, nursing and midwifery, the rural part of the County is divided into 28 nursing areas, each area having one or more nurses according to size and population. The majority of these areas are staffed by nurses undertaking generalised duties, i.e. health visiting, midwifery and home nursing, but in 7 regions where the population is more dense a specialist health visitor is employed, nursing and midwifery being undertaken separately. In so far as the domiciliary nursing services are concerned the method of arranging areas prevents overlapping. Of all the social workers employed in the local authority services, only the nurse has a parish of a size which permits her to know its inhabitants. Here the strongest links should be forged with the general practitioner, because in such areas they must work as a team.

(ii) In her capacity as a health visitor the nurse has a statutory duty to give advice on matters affecting the health and welfare of all members of the family. This gives her a means of entry to the home not enjoyed by other social workers, whatever the circumstances may be, and does not necessitate the family being a "case" on a social worker's file before advice is given. It is at this level that the greatest amount of preventive work can be done.

7. Home Help Service

An organiser and her assistant working from a central office arrange home helps mainly on a parochial basis; there are a few whole time mobile home helps. This service is an important adjuvant to the nursing and domiciliary midwifery services and has of recent years played an increasingly important role in the domiciliary care of the aged.

8. Mental Welfare Officers (including Cambridgeshire Mental Welfare Association) work on a regional basis, each rural district council area having its own mental welfare officer.

9. Home Teachers

The two teachers of the blind and disabled have specific parts of the county allotted to them but the Cambridgeshire Mental Welfare Association's home teacher for the mentally handicapped covers the whole of the administrative county.

10. Child Care Officers

Virtually operate on a functional rather than a regional basis and it is by statute a separate service covering City and County.

11. Welfare Officers

Their duties are concerned in the main with the eligibility of old people for institutional accommodation, care and rehabilitation of the homeless family and the running of residential accommodation for the aged. Their activities are functional rather than regional.

12. Education Welfare Officers

These two officers are concerned with the welfare of families and children, in particular where non-attendance at school is the presenting symptom. They also have duties with regard to the employment of school children.

13. Public Health Inspectors

These officers are appointed by the three rural districts and operate in specific areas within each district and are concerned mainly with environmental hygiene.

14. Probation Officers

These officers are trained by the Home Office and appointed by the magistrates. In Cambridgeshire a joint service is operated to cover City and County. The probation officers are available to give assistance in any part of the County, but for administrative purposes they operate on an area basis, the senior probation officer being in an advisory and supervisory role, also having a roving commission. There are three areas: (i) the City, (ii) the eastern part of the County, and (iii) the western part, each of these being related to the areas of the magistrates' courts, each having one male and one female probation officer.

15. Voluntary Organisations

There is an impressive list of voluntary organisations providing social work of one description or another in the community, for example, the British Red Cross provides medical loan on an agency basis for the local health authority, the Old People's Welfare Council provides a social worker, the Ely Diocesan Association for Moral Welfare has a case worker.

16. Local Offices and Organisations of Central Departments

For example, the officers of the National Assistance Board and the lay visitors of the War Disabled.

17. Commentary

(i) It is at once apparent from the foregoing that in an ideal world there would be considerable amalgamation of activities and there would certainly be some form of channelling of effort.

(ii) Since medical and social community care are complementary, it is as well to recall that our medical service is based on the concept of the family doctor, though there is admittedly the limitation that this service is mainly sought when illness occurs. Increasingly there is developing the general practitioner/nurse team offering medico-social care to the community, i.e. families and individuals making up the community. In rural areas it is particularly apposite since the general practitioner is most often helped by nurses carrying out general duties (health visitor, district nurse, midwife) and such a team should be able to cover all the initial medico-social requirements of the families and individuals under their care.

(iii) It has to be realised that in planning to avoid overlap or missed cases a difficulty arises in that not infrequently a habit of persons undertaking social work is to be over-possessive of their cases, i.e. other social workers or a senior social worker are not consulted, and these other workers' special knowledge is not made use of at the most appropriate time. Case conferences can go a long way to circumventing this difficulty, as those called by the children's officer so well exemplify, and similarly with the fortnightly mental welfare officer meetings.

(iv) To minimise dangers associated with duplication of visitors and 'missed' cases, it is suggested that it would be practicable to base community care upon the general practitioner/nurse team in the rural area and to make use of the recommendation in Circular 26/59 (which resulted from the Working Party Report on the Health Visitor) of appointing senior health visitors as group advisors. These public health nurses would be responsible for deploying the domiciliary nursing services in areas of the county and would call case conferences inviting specialist social workers as and when necessary, would assist in liaison between various social workers and would assist in making the best use of the available services, statutory and voluntary. In any future re-organisation of services consideration could be given to placing the urgent arrangement of home helps in the hands of the group advisors and their staffs, the organiser paying attention to long term arrangements, recruitment, training and administration.

(v) The pattern of social work in the rural area would thus be based upon the most knowledgeable unit at the grass roots, the general practitioner/general purpose nurse team, with an experienced area advisor co-ordinating the socio-medical work in the area. Area case conferences involving general practitioners and social workers could be held and the greatest use of local knowledge and resources made.

The memorandum attempts to provide a solution for the problem in a scattered rural area and it is hoped that before long a trial area may be started.

Whereas no special arrangements exist for the follow-up of every patient discharged from hospital, this is effected for those cases where follow-up is thought to be necessary. The hospital almoners have been provided with a list of the names and addresses of the public health nurses and where requests for follow-up are made directly, a confirmatory note is sent to the health department.

Public health nurses also get in touch with almoners and ward sisters and visit patients in hospitals where this is considered necessary. Shortage of staff precludes much that is desirable but it is hoped that further re-organisation on the lines described above may enable more follow-up to be carried out.

The home care service referred to on page 29 is of course another aspect of follow-up services.

In the City of Cambridge, health visiting, nursing and midwifery are organised as separate services and the City Medical Officer of Health exercising his powers of delegation will report on the deployment of these services in his area.

During the year a number of small "Sparklet" resuscitators, which enable oxygen to be administered where necessary to feeble or premature infants at birth were purchased. This resuscitator is now considered an essential part of a midwife's equipment. The sets purchased were issued to midwives having the heaviest case loads and eventually will be provided for every midwife in the rural area.

A trial was also given to the use of disposable caps and masks in the practice of midwifery. The trial was successful and found to be comparable economically with the use of caps and masks which require to be laundered.

Notification of Intention to Practise

Under the rules of the Central Midwives Board, 97 midwives notified their intention to practise:-

	City	Rural Area
Domiciliary	11	38
Institutional	48	-

Nursing Staff

Although the staffing position at 31st December, 1961, showed a slight improvement on that which obtained at the end of 1960, from time to time staff shortages, particularly on the midwifery side, have given rise to anxiety and it has been possible to maintain the service only with the help of married nurses appointed on a temporary basis in either full or part-time capacity.

Staff as at 31st December, 1961	Full Time	Part Time
County Nursing Officer	1	-
Deputy County Nursing Officer (also undertaking relief work)	1	-
Health Visitors	7	1
District Nurse/Midwife/Health Visitors	18	-
District Nurses only	3	1
Midwife only	1	1
School Nurses	1	1

Vacancies	Full Time	Part Time
District Nurse/Midwives	3	-

TABLE 10

MIDWIFERY SERVICE

	City	Rural Area	Total
Midwives			
(a) Employed by Authority	6 (whole time)	29 (part time)	6 whole time 29 part time
(b) In private practice	1	-	1
Deliveries attended by Midwives			
(a) Employed by Authority			
(i) Doctor not booked but present at time of delivery	-	1	1
(ii) Doctor not booked and not present at time of delivery	-	-	-
(iii) Doctor booked and present at time of delivery	174	167	341
(iv) Doctor booked but not present at time of delivery	288	387	675
(b) In Private Practice			
(i) Doctor not booked but present at time of delivery	-	-	-
(ii) Doctor not booked and not present at time of delivery	-	-	-
(iii) Doctor booked and present at time of delivery	12	2	14
(iv) Doctor booked but not present at time of delivery	32	-	32
Cases delivered in institutions but attended by domiciliary midwives on discharge before 10th day	97	364	461
Domiciliary cases in which medical aid was summoned by a midwife	115	86	201

Inhalation Analgesics	City	Rural Area	Total
Midwives in practice at end of year qualified to administer inhalation analgesics:			
(a) Employed by Authority	6	29	35
(b) In private practice	1	-	1
Number of sets of apparatus in use at end of year:			
(a) Gas and Air	6	32	38
(b) Trilene	6	10	16
Number of cases in which inhalation analgesics were administered by domiciliary midwives			
(a) Employed by Authority			
(i) Doctor present at delivery:			
Gas and Air	7	118	125
Trilene	161	32	193
(ii) Doctor not present at delivery:			
Gas and Air	10	263	273
Trilene	216	85	301
(b) In Private Practice			
(i) Doctor present at delivery:			
Gas and Air	-	-	-
Trilene	3	-	3
(ii) Doctor not present at delivery:			
Gas and Air	11	-	11
Trilene	-	-	-
Number of cases in which pethidine administered by midwives			
(a) Employed by Authority			
(i) Doctor present at delivery	108	93	201
(ii) Doctor not present at delivery	190	193	383
(b) In Private Practice			
(i) Doctor present at delivery	2	-	2
(ii) Doctor not present at delivery	38	-	38

TABLE 11

HEALTH VISITING

		City	Rural Area	Total
Number of children under 5 years of age:				
Visited during year		4,577	7,055	11,632
Expectant mothers	First visits	266	366	632
	Total visits	425	826	1,251
Children under 1	First visits	1,476	1,622	3,098
	Total visits	8,391	15,015	23,406
Children age 1 but under 2		2,978	5,421	8,399
Children age 2 but under 5		5,549	6,757	12,306
Tuberculous households		239	486	725
Other cases		2,654	2,149	4,803
Total number of families or households visited by H.V.		4,114	5,194	9,308

TABLE 12

HOME NURSING SERVICE

	City		Rural Area		Total	
	No. of Cases	No. of Visits	No. of Cases	No. of Visits	No. of Cases	No. of Visits
Medical	2,019	30,872	1,156	26,559	3,175	57,431
Surgical	692	7,977	571	9,872	1,263	17,849
Infectious Diseases	-	-	18	37	18	37
Tuberculosis	12	388	5	273	17	661
Maternal complications	24	232	33	185	57	417
Others	-	-	1,641	1,665	1,641	1,665
Totals	2,747	39,469	3,424	38,591	6,171	78,060
Patients included above who were 65 or over at the time of first visit during year	678	21,051	811	23,989	1,489	45,040
Children included above who were under 5 at time of first visit during year	29	241	103	529	132	770
Patients included above who had more than 24 visits during year	357	24,271	334	23,627	691	47,898

Nursing of Incontinent Patients

One of the greatest difficulties in nursing many of the aged incontinent at home is the lack of fresh linen. In the rural area it has been found extremely difficult to provide a comparable laundry service for incontinent patients nursed at home to that established in many urban areas. The issue of "incontinence pads" introduced in 1961 has greatly assisted the nurse in carrying out her duties and added to the comfort and well-being of the patient. In some cases it is preferable to issue linen and have this laundered, and I am grateful to the United Cambridge Hospitals for making available on a limited scale facilities for dealing with foul linen.

Home Care and Nursing Service

The Home Care and Nursing Service scheme which began in 1949 continued in 1961 though the decline in numbers noted in previous years was again evident. Under the scheme, patients are discharged from Addenbrooke's Hospital after liaison between the hospital almoner, general practitioner, home nursing service and home help service. Forty-one Cambridgeshire residents (23 City; 18 rural area) were so discharged and as in previous years the majority of cases were following operation for appendicitis and hernia.

SECTION 26 - VACCINATION AND IMMUNISATION

In the main the work of immunisation and vaccination is carried out by general practitioners, especially in the rural area, but a certain amount of the work is undertaken at clinics.

In Circular 26/61 to Local Health Authorities dated September 12, 1961, the Minister of Health set out two alternative schedules relating to the timing of vaccination and immunisation procedures in childhood. General practitioners received similar information. This Circular should help to form a national policy and will therefore assist in maintaining continuity of injections when people move from area to area. The suggested schedules include the use of combined antigens, a useful means of reducing the number of injections any one child needs to undergo.

Comparison of the figures for vaccination and immunisation in this County with those of other areas is satisfactory except in the case of protection against diphtheria in the 5-14 age group.

Diphtheria

The following tables set out the numbers of children who completed a full course of primary immunisation either by the use of single or combined antigens or who received a reinforcing (Booster) injection subsequently to primary immunisation at an earlier age during the year:-

TABLE 13

RECORD OF DIPHTHERIA IMMUNISATION

	City		Rural Area		Total	
Year of Birth	Primary	Booster	Primary	Booster	Primary	Booster
1961	921	-	1,265	-	2,816	-
1960	244	27	227	1	471	28
1959	81	223	46	15	127	238
1958	46	24	29	21	75	45
1957	23	41	22	73	45	114
1952-56	100	642	95	574	195	1,216
1947-51	35	55	66	337	101	392
Total	1,450	1,012	1,750	1,021	3,200	2,033

Poliomyelitis

The arrangements for vaccination against poliomyelitis continued unchanged during 1961, the majority of general practitioners in the area vaccinate their own patients the remainder of the work being undertaken at clinic sessions.

In Circular 15/61 issued in April, the Ministry of Health recommended that reinforcing fourth injections should be offered to children on entry to school (normally at the age of five) and also to children of five and over already at school who had not reached the age of twelve, the injection to be administered not earlier than one year after the third dose, but as soon thereafter as possible. The recommendation was put into effect, but in October, owing to the fact that supplies of vaccine were restricted, the Ministry advised that the giving of fourth injections should be suspended and that third injections should be given after an interval of twelve months instead of seven months as had previously been the case.

Towards the end of the year it was expected that oral poliomyelitis vaccine (Sabin) would be made available but in the event this was not realised and its introduction did not occur until February 1962.

The following tables set out the numbers of individuals vaccinated against poliomyelitis in the City and the rural area:-

TABLE 14

NUMBER OF PERSONS VACCINATED

	City				Rural Area				Total			
	Injection				Injection				Injection			
	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
born in s 3-1961	1,952	1,942			2,617	2,564			4,569	4,506		
rsons the years 3-1942	953	954			788	786			1,741	1,740		
born 933 who passed th	2,313	2,298			2,517	2,512			4,830	4,810		
	257	248			14	14			271	262		
Totals	5,475	5,442	5,367	4,410	5,936	5,876	6,311	6,380	11,411	11,318	11,678	10,790

Smallpox

The arrangements for vaccination against smallpox continued unchanged and the following tables set out the number of persons vaccinated or re-vaccinated during the year. When related to the 3,109 live births registered during the year, the 1,480 primary vaccinations of children under the age of one year represent a vaccination acceptance rate of 47·6 per cent as against a national average of 40 per cent.

No cases of generalised vaccinia, post encephalomyelitis or death from other complications of vaccination were notified during the year.

TABLE 15

NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)

Age at Date of Vaccination	City		Rural Area		Total	
	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated	Vaccinated	Re-vaccinated
Under 1	558	-	922	1	1,480	1
1	368	-	90	1	458	1
2-4	133	11	44	4	177	15
5-14	21	30	29	16	50	46
15 or over	127	670	48	77	175	747
Total	1,207	711	1,133	99	2,340	810

Tetanus

Immunisation against tetanus continues to be undertaken by the use of tetanus toxoid either as a single antigen or in combination with others.

The following tables indicate the volume of the work but it should be borne in mind that records are not required by the department for persons over the age of 17 years, and the figures shown relate to the numbers of records received.

TABLE 16

NUMBER OF PERSONS IMMUNISED AGAINST TETANUS

Age at date of Immunisation	City		Rural Area		Total	
	Primary	Booster	Primary	Booster	Primary	Booster
Under 1	719	-	1,265	-	1,984	-
1	449	27	230	2	679	29
2	129	179	53	15	182	194
3	106	16	43	26	149	42
4	89	27	79	71	168	98
5-15	397	100	567	744	964	844
Over 15	105	11	84	29	189	40
Total	1,994	360	2,321	887	4,315	1,247

Whooping Cough

The following tables show the numbers of children in the City and the rural area who have completed a primary course (normally 3 injections) of pertussis vaccine (single or in combination) during the year 1961:-

TABLE 17

WHOOPING COUGH IMMUNISATION

Year of birth	City	Rural Area	Total
1961	516	1,268	1,784
1960	641	224	865
1959	75	43	118
1958	36	29	65
1957	16	18	34
1952-56	51	65	116
1947-51	18	51	69
Total	1,353	1,698	3,051

SECTION 27 - AMBULANCE SERVICE

In Cambridgeshire the ambulance service is administered by the Clerk of the County Council to whom I am indebted for the following table which gives details of the vehicles provided and the journeys undertaken.

Ambulances directly provided	8
Cars directly provided	5
Number of journeys by above:	
Ambulances	9,786
Cars	3,950
Patients carried by above:	
Ambulances	10,933
Cars	8,203
Accident and emergency journeys included in above:	
Ambulances	1,127
Cars	170
Mileage run by above:	
Ambulances	121,554
Cars	118,431
Journeys by supplementary vehicles:	
Ambulances	495
Cars	22,600
Patients carried by supplementary vehicles:	
Ambulances	503
Cars	46,900
Accident and emergency journeys by supplementary vehicles:	
Ambulances	40
Cars	-
Mileage run by supplementary vehicles:	
Ambulances	10,015
Cars	281,423
The number of full time staff on December 31st, 1961	28

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

I am indebted to the Consultant Chest Physician, Dr. M. J. Greenberg, for the following note:-

> "There has been a change in the tuberculous state during the past year in that the number of new cases has fallen from 133 to 86. However, the number of cases on the tuberculosis register has not altered significantly and this is likely to be the position for some years yet. The need for preventive measures is still present and the B.C.G. vaccination campaign for school children which is running so successfully should continue annually for the time being. Although the position is improving, tuberculosis is still not defeated."

Tuberculosis Care and After Care

The County Council continued to contribute to the funds of the Cambridgeshire Tuberculosis After Care Association. The value of the function performed by the Association in assisting patients suffering from tuberculosis is illustrated by the following extract from the Annual Report of the Honorary Medical Adviser:-

> "During the year ended December 31st, 1961, a total of 19 patients received grants of either milk or groceries or both, and in one case bedding was supplied to a patient on discharge from Papworth. Of these, 12 were men and 7 were women; 13 were able to work, 5 were not working and 1 had died.
>
> In addition to the grants of milk and groceries, 7 additional portable oxygen sets were purchased, making 17 in all. 12 sets are in use at present and have been lent out to patients who suffer from shortness of breath as a result of their disease. This type of apparatus is not prescribable under the National Health Service, and has proved extremely useful in allowing people who would otherwise be bedridden to become more mobile."

B.C.G. Vaccination

There were no changes in the arrangements for B.C.G. Vaccination. Once again Dr. Greenberg, the Consultant Chest Physician, has made available facilities for the vaccination of tuberculosis contacts and for the X-ray of those children found positive on skin test in the schools.

The following table gives an account of the work undertaken at schools in the City, the rural area and the College of Arts and Technology where pupils attend from the City, the rural area and areas beyond the boundary of the Local Authority.

TABLE 18

	City	Rural Area	College of Arts and Technology	Total
Number skin tested	1,612	1,083	221	2,916
Number found positive	199	160	73	423
Number found negative	1,405	767	146	2,318
Number vaccinated	1,390	762	144	2,296

In the rural area, 169 positives had, by the end of the year, been X-rayed at the Chest Clinic and of this number, one girl was admitted to hospital with a tuberculous infection. At the time of writing, this is said to be healing and the girl is expected to be discharged in the near future. The health visitors are asked to visit the parents of those children who are found to be positive, and who for one reason or another have not yet taken advantage of the X-ray facilities in an effort to see that all positives are checked.

I should like to take this opportunity of expressing my thanks to the Heads of the schools concerned and their staffs for their help and co-operation in this work.

Contact Scheme

The following figures represent the number of persons dealt with at the Chest Clinic under the Contact Scheme during 1961:-

TABLE 19

Number skin tested	869
Number found positive	566
Number found negative	303
Number vaccinated	255

The following tables indicate the position with regard to tuberculosis in the City and rural areas:-

TABLE 20

CITY TUBERCULOSIS REGISTER 1961

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	249	141	19	28	268	169
2. Number of Cases notified for first time during year under Regulations	17	9	2	1	19	10
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	18	4	2	1	20	5
(b) From Death Returns	-	-	-	-	-	-
5. Number of Cases removed from Register	52	34	1	4	53	38
6. Number of Cases remaining on Register at end of year	232	120	22	26	254	146

TABLE 21

COUNTY TUBERCULOSIS REGISTER 1961
(excluding City)

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of Cases on Register at commencement of year	200	126	20	14	220	140
2. Number of Cases notified for first time during year under Regulations	10	11	1	-	11	11
3. Cases restored to Register	-	-	-	-	-	-
4. Cases added to Register otherwise than by notification under Regulations:						
(a) Transferred from other Districts	13	14	1	2	14	16
(b) From Death Returns	1	-	-	-	1	-
5. Number of Cases removed from Register	46	35	12	4	58	39
6. Number of Cases remaining on Register at end of year	178	116	10	12	188	128

Chiropody

The Council's scheme for the provision of a chiropody service, of which mention was made in last year's report, came into operation on 1st April, 1961.

The service is provided by chiropodists qualified in accordance with the National Health Service (Medical Auxiliaries) Regulations, 1954, undertaking sessional work (a) in clinics established by the Old People's Welfare Council, British Red Cross Society and Women's Voluntary Service, (b) by treating patients in their own surgeries and (c) by paying domiciliary visits in appropriate cases. At present the service is selective and confined to persons in the following categories:-

Men over 65 years of age
Women over 60 years of age
Expectant mothers
Handicapped persons whose disability would be ameliorated by chiropody

For work in clinics, chiropodists are paid on a sessional basis with an allowance for dressings and travelling expenses; for work in their own surgeries the number of patients treated is equated to a number of notional sessions for which payment is made and domiciliary visits are the subject of per capita payments.

A standard charge of 3/6d. per treatment is made to the patients but this is waived in the case of those in receipt of National Assistance or Supplementary Pension. So far as the clinics are concerned, in the great majority of cases the voluntary organisations are entirely responsible for the provision of accommodation; their workers organise the sessions and deal with the necessary documents essential in the service. Thanks to them and to the chiropodists, the service since its inception has now run smoothly and to the general satisfaction and benefit of all concerned.

The volume of work undertaken is illustrated by the following figures:-

TABLE 22

	City		Rural Area		Total	
	No. of Patients Treated	No. of Treatments	No. of Patients Treated	No. of Treatments	No. of Patients Treated	No. of Treatments
Men over 65	165	520	170	619	335	1,139
Women over 60	1,064	3,974	683	2,561	1,747	6,535
Expectant Mothers	-	-	-	-	-	-
Handicapped Persons	10	35	16	31	26	66
Total	1,239	4,529	869	3,211	2,108	7,740

In the rural area the equivalent of 225 sessions were held in clinics, the equivalent of 239 sessions in the surgeries of chiropodists and 394 domiciliary visits were paid. As the Registrar General estimates the population aged 65 and over to be 24,300 in the Administrative County the figure of persons treated approaches 10% of the main eligible group.

Health Education

No specialist officer for health education is employed by the Council but the Deputy County Nursing Officer has devoted much of her time to health education activities in the rural area. Apart from this, reliance is placed upon medical nursing, mental health and other staff to disseminate information on health matters in their day to day work. Members of the staff regularly give talks to schools, welfare centres and other organisations in and out of office hours. Often these talks are illustrated and have included topics such as "Nutrition", "Home Nursing", "Home Safety", "Children's Feet", "Dental Care", "Hygiene in the Home", "First Aid in the Home", "Household Pests" and "Road Safety for Toddlers". The purchase of a projector and screen, previously borrowed, has greatly enhanced the value of the work.

At a meeting of leaders of old people's clubs convened by the Old People's Welfare Council in December, the County Medical Officer and Deputy County Nursing Officer gave a talk on the subject of the "Nutrition of the Elderly", illustrated by flannelgraph demonstrations and a film strip. It was felt that much advantage would accrue from a discussion of the subject with club leaders with a view to the possibility of arranging illustrated talks in the clubs themselves. Since then individual clubs have asked for the talks to be given in their locality and indeed the series continues to be requested at the time of writing.

A fresh approach to health education in schools is under consideration, particularly on the subjects of personal relationships and smoking and health. So far as the latter is concerned, the Government's acceptance of the Report of the Royal College of Physicians was followed by the issue of circulars from the Ministries of Health and Education, the latter urging teaching and other staff to refrain from smoking in front of children. Various means of keeping this important subject in the forefront of the public conscience are under consideration.

The arrangement whereby the local health authority accepts financial responsibility for lectures given by a panel organised by the Cambridgeshire Federation of Women's Institutes and approved by the County Medical Officer continues, and includes such topics as "First Aid", "Diet, Age and Weight" and "Mental Health". The dental hygiene campaign has also continued.

In June arrangements were made for a two day course, conducted by the Central Council for Health Education, to be held at the Civil Defence Headquarters. The theme of the course was "Adolescence; Its Physical, Social and Emotional Aspects", and some 40 members of the nursing and health visiting staff attended together with members of the staff of the Children Department, the Mental Health Service and the Probation Staff.

Home Safety

Early in the year the department co-operated in the production of a handbook on Home Safety. This was distributed to general practitioners, nurses, welfare clinics and made available to the public through local voluntary organisations.

Medical Loan

The increasing emphasis on the domiciliary care of the sick and aged is reflected in the number of items of medical loan equipment supplied without charge to the patient by the British Red Cross Society, who act as agent for the local health authority who contribute to the expenses of the service.

The provision of hoists to facilitate the care of severely handicapped and bedridden patients in their own homes is, by arrangement with the British Red Cross Society, effected directly by the County Council and during the year five hoists have been loaned to six patients at various times.

The range of items issued by the British Red Cross Society remained extremely wide and 2,114 items of service were provided for 1,500 patients in the administrative county.

Venereal Disease

Two health visitors in the City and two in the rural area continued to take a special interest in the social work connected with venereal disease in accordance with the arrangement which was introduced several years ago.

The Special Clinic at Addenbrooke's Hospital continued to serve a number of areas, including Cambridgeshire and the following figures relate to "first time" attendances by patients resident in the Administrative County with the 1960 figures for comparison:-

	1961	1960
Syphilis	12	10
Gonorrhea	66	49
Other Conditions	248	251

I am indebted to Dr. J. K. Oates, Consultant in Venereology for the following observations on these figures and the problem generally:-

> "The total number of new cases of syphilis seen last year showed a slight increase, 12 cases being seen at the Clinic as compared with 10 in the previous year.
>
> There was a slight fall in cases of early infectious syphilis, only 4 cases being seen in 1960-61, as against 6 in the previous year.
>
> There was strong evidence that all the early cases of syphilis seen had been acquired outside the County.
>
> No cases of infantile congenital syphilis were met with and only one case was seen in an adult.
>
> There was an increase in the number of cases of gonorrhea over the previous year, 66 cases attending the clinic as against 49 in 1960. A disquieting feature was that half of the infections met with in the 32 female patients occurred in girls in their teens.
>
> The number of cases of non-gonococcal urethritis in males continued to show an incidence just over twice that of gonorrhea, whilst the number of patients attending the clinic for the treatment of other conditions remained steady at 248."

Yellow Fever Vaccination

The arrangements for vaccination against yellow fever required by persons going abroad to certain countries continued during 1961 and a total of 494 persons were vaccinated. Sessions are held on Mondays from 9.30 to 10.30 a.m. and on Thursdays from 4 to 5 p.m. and a charge is made to cover the cost of the service. In all but a few cases it is possible to arrange a prior appointment for the benefit of applicants for the service, who frequently have to make long journeys from neighbouring counties where facilities do not exist.

MENTAL HEALTH SERVICE

In last year's report the organisation and development of the community mental health service was fully described. During the year under review regular weekly or fortnightly meetings of the Mental Welfare Officers with members of the hospital and public health medical staffs has continued and these meetings remain the hub of the community service.

The Cambridgeshire Mental Welfare Association continued to expand their voluntary activities and I am grateful to their Executive Committee for permission to publish a report on these activities which was submitted to the County Council at their meeting in January 1962.

"Report on the Voluntary Activities of the Cambridgeshire Mental Welfare Association - November, 1961

For the Mentally Subnormal

(a) Sheltered Workshop - Opened 11th September, 1961 in the Castle End Mission Hall, Pound Hill, with the object of providing permanent employment for subnormal adults. Commenced with three people working mornings only but now has eight people working 27½ hour week. Workers receive free lunch and 15/- weekly.

Workshop undertakes a contract for folding instruction leaflets, inserting them in polythene envelopes, and heat sealing the polythene. Further work is being sought and plans are being made to move to different premises and commence various "speculative" lines, including woodwork.

A full-time manager is employed.

Workshop is financed from a private appeal which raised £1,350 which is estimated as the running costs for eighteen months.

(b) Evening Classes - For some years the Association has run an evening class, primarily for giving help with reading and writing. Held in the Lady Adrian School. Twenty-five pupils attend and following an hour of study join in recreational activities, for example, table tennis, badminton, table games and gramophone records.

Evening class is staffed by members and staff of the Association (as a spare-time activity), the headmaster of the school, an educational psychologist, and undergraduates.

For the Mentally Ill

(a) Good Neighbour Service - Members befriend people who have broken down and are in need of friendship or practical help. Mental Welfare Officers and hospital social workers make use of this service as need arises.

(b) Psychiatric Social Club - This is a club for women, run by the Fulbourn Hospital Social Workers. Members and staff of the Association give assistance and a small grant is made by the Association.

(c) Winston House - The Association continues to assist with the management of Winston House.

(d) Car Service - Members who have a car have made themselves available to arrange business or pleasure outings for the recovering mentally ill patient.

(e) Interpreters - Persons speaking foreign languages have been contacted with a view to giving assistance in any emergency involving a non-English speaking patient.

Generally

(a) Meetings and Talks - From time to time, the Association arranges meetings of the general public or of a professional group (for example, the clergy) for addresses on mental health topics. The Annual General Meeting of the Association provides a further opportunity for hearing a well-known speaker or showing films on mental health.

Members and staff address local organisations on the work of the Association.

(b) Education and Propaganda - The Association makes available publications of the National Association for Mental Health and serves as a centre from which information may be obtained on the facilities available for the mentally disordered.

The Association assisted with the formation of the University Mental Illness Association.

(c) Financial Help - For the occasional urgent need, money is loaned or given to mentally disordered persons. Such help can often alleviate anxiety and also assist a person to obtain a holiday. Christmas gifts and cards are sent to needy and lonely families.

(d) Clothing and Furnishings - Small quantities of clothing and furnishings are donated to the Association and are given to needy persons.

(e) Co-operation with other Agencies is maintained. For example, the Secretary represents the Association on the Executive Committee of the Cambridge Society for Mentally Handicapped Children. There is considerable contact with other voluntary agencies."

The sheltered workshop in particular is a valuable addition to the services for subnormals available in the area.

The County Council during the year considered plans for the building of a new junior training centre with 60 day places and a hostel with 12 beds and the extension by two rooms of the existing centre in accordance with their proposals made under the Mental Health Act, 1959, and submitted to the Minister. At the time of writing the extension to the existing centre is in the course of building and it is hoped that during 1962 a start will be made on the new junior centre and hostel on a site in the Arbury Road area.

The Cambridge Society for Mentally Handicapped Children intends to provide a hostel for adolescent and older subnormals. These many new provisions, together with those reported upon previously, go a very long way toward producing a comprehensive service for the mentally disordered in Cambridgeshire.

CHILD PSYCHIATRIC SERVICE

A. The following cases were referred to the Child Psychiatric Service by the School Health Service staff.

Type of Case	Boys	Girls	Total
Behaviour disorders	16	2	18
Habit disorders	4	1	5
Nervous disorders	3	3	6
Educational failure	11	3	14

B. I am indebted to Dr. R. E. Glennie, Consultant Child Psychiatrist, for the following report and tables:-

"Throughout the year the Child Psychiatric Service has been working to capacity. In the county there has been a significantly greater demand from the School Health Service, with a reduction in direct referrals from the general practitioners. What has really occurred is that the closer co-operation between the School Health Service and the general practitioners has often led to information being supplied both by the family doctor and the school doctor.

In the city there has been a reduction in the number of children referred by the School Health Service, and a considerable rise in the direct referrals by general practitioners.

The waiting list has been kept at about the same level as during the previous year, but the pressure of urgent cases which have to be seen immediately for diagnosis and treatment still makes great demands on the service.

A significant improvement in the liaison between the School Health Service and the Child Psychiatric Service has come about as the result of the appointment in September of Mr. Conochie as Educational Psychologist. He has been most helpful in enhancing relationships with the schools, particularly with the schools in the county, and his attendance at a weekly seminar at the clinic has been of advantage to both services.

Permission has now been obtained from the Ministry of Health for an increase in the medical staff of the clinic, and with the combined co-operation of the United Cambridge Hospitals and the East Anglian Regional Hospital Board the employment of a third psychiatric social worker has been approved - unfortunately this position has not been filled to date because of difficulty in obtaining a suitable candidate.

Following approval from the City to allow of the erection of an extension to the clinic at Chesterton, the East Anglian Regional Hospital Board proceeded with plans for a pre-fabricated building which is due to be completed in the near future. This will undoubtedly ease the chronic situation of over-crowding, which has pertained at the clinic for at least the past five years. I am pleased to report that the present clinic has now been completely redecorated, and as a result is more acceptable to both patients and staff.

Mrs. Bechhofer, in addition to her psychological work, has continued her specialist help with the most severely disturbed children who are unable to benefit to any extent from teaching in school. Mr. Conochie, the Educational Psychologist, has been most helpful in arranging and supervising remedial help by teachers in schools, and by specially trained peripatetic teachers.

Seminars for speech therapists in the area have continued, and their scope has been enlarged to include educational psychologists from surrounding areas. Lectures, courses of discussions and meetings with Parent-Teacher Associations have been arranged, and interested teachers, social workers, probation officers, educationists and post-graduate students have attended for information and discussions on the work of the clinic, as well as the more formal instruction which is given to registrars and general practitioners.

The increasing co-operation between the School Health and Education Departments, the general practitioners, and the Child Psychiatric Service, is very much appreciated."

R. E. GLENNIE.

CAMBRIDGE COUNTY CHILDREN

New cases referred and examined in 1961

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number examined	Notified to S.M.O.	Source of cases	Number examined	Notified to S.M.O.
School Medical Officer's Dept.	42	42	School Medical Officer's Dept.	1	1
General Practitioners	5	3	General Practitioners	10	4
Consultants	1	1	Consultants	5	3
Juvenile Court Magistrates	-	-	Juvenile Court Magistrates	-	-
Others	6	5	Others	-	-
	54	51		16	8
Number of new cases taken on for treatment: 36			Number of new cases taken on for treatment: 12		

Total number of new cases examined: 70
Number of new cases taken on for treatment: 48

Cases under observation and treatment 1961

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number examined	Notified to S.M.O.	Source of cases	Number examined	Notified to S.M.O.
School Medical Officer's Dept.	17	17	School Medical Officer's Dept.	3	3
General Practitioners and Consultants	10	6	General Practitioners and Consultants	10	6
Others	1	-	Others	1	1
	28	23		14	10
Number of old cases under observation and treatment: 42					

Total number of cases from the County of Cambridgeshire under observation and treatment (including those seen for the first time in 1961): 90

CAMBRIDGE CITY CHILDREN

New cases referred and examined in 1961

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number examined	Notified to S.M.O.	Source of cases	Number examined	Notified to S.M.O.
School Medical Officer's Dept.	9	9	School Medical Officer's Dept.	-	-
General Practitioners	33	17	General Practitioners	14	10
Consultants	7	4	Consultants	1	1
Juvenile Court Magistrates	20	4	Juvenile Court Magistrates	-	-
Others	11	3	Others	2	1
	80	37		17	12
Number of new cases taken on for treatment: 45			Number of new cases taken on for treatment: 14		

Total number of new cases examined: 97
Number of new cases taken on for treatment: 59

Cases under observation and treatment 1961

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number examined	Notified to S.M.O.	Source of cases	Number examined	Notified to S.M.O.
School Medical Officer's Dept.	14	13	School Medical Officer's Dept.	2	2
General Practitioners and Consultants	20	17	General Practitioners and Consultants	16	10
Others	13	8	Others	-	-
	47	38		18	12
Number of old cases under observation and treatment: 65					

Total number of cases from the City of Cambridge under observation and treatment (including those seen for the first time in 1961): 124

Staff Training

Mention was made in last year's report of the creation of a post for a supernumerary trainee mental welfare officer to undertake the two year course for the training of middle grade social workers as envisaged in the recommendations of the Younghusband Report. An officer was appointed and in September commenced the course of training at Birmingham, on completion of which he will remain in the Council's service for a minimum period of two years.

To meet the needs of experienced but qualified officers and new entrants to social and mental welfare work, consideration was given to the provision of a course for in-service training in mental health and social work, the facility to be extended to neighbouring authorities. With the co-operation of the Chief Education Officer, the Principal of the Cambridgeshire College of Arts and Technology and the Council's honorary Consultant Psychiatrist, a suitable course was devised and commenced in September. The course consists of one day's attendance each week during the College term, the morning session being devoted to formal lectures and discussions, half on the history, development and structure of the social services, together with the administration and application of the Mental Health Act and half on psychology, psychiatry and the personal and environmental services of local health authorities. The afternoon is devoted to case work under an experienced psychiatric social worker who is a member of the Joint Hospital Psychiatric Social Work Service. The response from neighbouring authorities was most gratifying and 17 officers in various grades of social work, including two of the Council's mental welfare officers, have attended the course.

The creation of posts for two trainee assistant supervisors at the Training Centre, of which mention was made in last year's report, resulted in one such appointment during the year. The second appointment will depend upon a suitable applicant coming forward.

One of the assistant supervisors at the Centre commenced the National Association for Mental Health Diploma Course for Teachers of the Mentally Handicapped in September.

Winston House (S.O.S. Society, London)

This half-way hostel, which was opened in October 1958 and which was reported upon in detail last year, continues to function successfully and during 1961 there were 64 admissions or re-admissions, 27 from Fulbourn Hospital and 7 other Cambridgeshire residents.

The following figures relate to the number of patients assisted by the mental welfare officers:-

Mental Illness

(a) Hospital admissions during 1961:

Under Section 25 of the Mental Health Act	29
Under Section 26 of the Mental Health Act	-
Under Section 29 of the Mental Health Act	63
Informal patients	136

(b) Received after-care visits during 1961 134

Mental Subnormality

(a) Receiving home visits at 31st December, 1961	233
(Of these 19 were awaiting admission to hospital and 8 to the Training Centre.)	
In addition there were at 31st December, 1961:	
(b) Attending Training Centre	85
(c) Receiving home tuition	30
(d) Under Guardianship	5
(e) Patients for whom temporary care arranged during 1961	20
Number of cases of mentally disordered newly referred to mental welfare officers during 1961	320

SECTION 29 - HOME HELP SERVICE

The service continued to operate in 1961 on the lines indicated in last year's report being divided as between the City and the rural area, each having a staff of a full time organiser, assistant organiser and a clerk.

There was no significant variation in the type of case for whom help was provided but there was a welcome increase in the number of helps available, both in the City and the rural area.

In June the County Council considered a report on the question of the provision of help in homes which through lack of attention over a long period, often as a result of ill health, old age, mental backwardness or social inadequacy or a combination of these factors, have become dirty and chaotic. They resolved that home helps undertaking duties under such conditions should have the benefit of an enhanced rate of pay of 4d. extra per hour.

The following tables indicate the volume of work undertaken during the year:-

TABLE 23

HOME HELP SERVICE

	City	Rural Area	Total
Number of helps employed at end of year			
(a) whole time	36	7	43
(b) part time	83	244	327
(c) whole time equivalent of (b)	72	63	135
Number of cases where help provided			
Maternity	261 (12)	182 (5)	443 (17)
Tuberculosis	9 (6)	9 (6)	18 (12)
Chronic sick including aged and infirm	519 (339)	365 (213)	884 (552)
Others	313 (85)	183 (106)	496 (191)
Total	1102 (442)	739 (330)	1841 (772)

(The figures in parentheses indicate the number of cases in which help began prior to 1961.)

Deafness

As with so many services for the individual, their actual provision is under several administrative heads. Deafness is the concern of the National Health Service, Education, and National Assistance Acts. The following note concerns the provisions for the ascertainment, treatment, training and social welfare of the deaf in the County without particular reference to administrative heading.

In September, Ministry of Health Circulars 23/61 (Young Children Handicapped by Impaired Hearing) and 25/61 (Welfare Services for the Deaf) were received and considered by the Health, Welfare and Education Committees. Earlier in the year, however, discussions had taken place amongst those interested in the ascertainment, treatment and support of the deaf and arising from these discussions, and having regard to the experience of others, it was decided, inter alia, that the automatic screening of every child for deafness by health visitors should cease in favour of testing children "at risk", i.e. children in the following categories:-

1. Where there is a family history of deafness.

2. Where the mother has had rubella or other infectious disease in the first three months of pregnancy.

3. Children of mothers with a history of a haemorrhage or metabolic disease during pregnancy.

4. Where the mother has been exposed to X-ray during the first three months of pregnancy.

5. Where labour has been prolonged or difficult.

6. Premature children.

7. Children suffering from asphyxia at birth or subsequent cyanotic attacks.

8. Cases of neonatal jaundice.

9. Children suffering from haemolytic disease of newborn.

To enable the selection to be effected, a questionnaire was devised and with the co-operation of the hospital authorities and general practitioners the birth notification is endorsed to indicate whether the child becomes within one of the "at risk" categories, such children being screened for impaired hearing at the age of seven months onwards.

It is intended that in 1962 an Audiology Clinic should be started at Addenbrooke's Hospital to form a focal point for the services. At this clinic there would be present a consultant ear, nose and throat surgeon, a local authority medical officer, the hospital audiometrician and a teacher of the deaf; child psychiatric opinion being sought where necessary. The Education Committee have approved the appointment of a teacher of the deaf, to take effect in 1962, who would be responsible for the initial teaching and training of children with impaired hearing with their parents. Routine pure tone audiometry continued to be carried out amongst selected groups in schools.

It is felt that the establishment of an audiology clinic, the early screening of children at risk, the routine pure tone audiometry in schools, the existing deaf unit for young children in the City, to be followed by an additional unit in 1962, form a sound basis for a detection, treatment and training service for children with impaired hearing.

In the adult field the Council's responsibility under the scheme of welfare services for the deaf are carried out under an agency arrangement with the Ely Diocesan Deaf and Dumb Association who employ a qualified welfare officer for the deaf. The Council are represented on the committee of the association.

Recently the audiometrician at Addenbrooke's Hospital has been instrumental in starting the Cambridge District Hard of Hearing Association, directed to the follow-up of persons of all ages who are hard of hearing and to assisting them in rehabilitation and social adjustment, and providing social and recreational activities.

REPORTS ON INDIVIDUAL MATTERS AND OTHER SERVICES

NATIONAL ASSISTANCE ACT -
WELFARE OF BLIND AND DISABLED PERSONS

REGISTRATION OF NURSING HOMES

MEDICAL EXAMINATION OF STAFF

VITAL STATISTICS

INFECTIOUS DISEASES

NATIONAL ASSISTANCE ACT - WELFARE OF THE BLIND AND OTHER DISABLED PERSONS

Early in 1961, the City Council were able to secure the services of a second Home Teacher (untrained), Mr. Cooper, who together with Mr. Wilkinson was responsible for the visiting and instruction of blind, partially sighted and other handicapped persons in the City of Cambridge. Miss Peel and Mrs. Sier continued to be responsible for similar residents in the rural area.

Blind

The following table shows the distribution of blindness by sex and age groups as at 31st December, 1961:-

TABLE 24

Age	City of Cambridge			Rural Area		
	Male	Female	Total	Male	Female	Total
0	-	-	-	-	-	-
1	-	-	-	-	-	-
2	-	-	-	1	-	1
3	-	-	-	-	-	-
4	-	-	-	-	-	-
5-10	-	1	1	-	2	2
11-15	3	-	3	1	1	2
16-20	3	1	4	2	2	4
21-29	4	1	5	-	2	2
30-39	5	2	7	2	1	3
40-49	4	4	8	9	2	11
50-59	8	6	14	13	12	25
60-64	8	12	20	5	3	8
65-69	12	7	19	5	5	10
70-79	11	39	50	15	29	44
80-84	6	26	32	8	14	22
85-89	6	13	19	11	14	25
90 +	3	10	13	2	10	12
Unknown	-	-	-	-	-	-
Total	73	122	195	74	97	171

The total number of blind persons on the registers of the City and the rural area shows a decrease of 19 over the figures for 1960, an exact reversal of the trend noted in that year, but the City figure remains substantially greater than that for the rural area.

In the City, of the cases of blindness aged 16 and upwards, one man was employed as a home worker in the Council's scheme and 19 (15 men and 4 women) were otherwise employed. Two women were undergoing training and of three unemployed men, one was already trained for open employment, one was considered suitable for open employment after training and the third was considered suitable for open employment without further training.

Of similar cases in the rural area, one man was employed in a workshop for the blind, another was employed as a home worker in the Council's scheme and 13 men and 2 women were otherwise employed. One man was undergoing training, a woman at present unemployed was considered suitable for sheltered employment subject to being trained and of two unemployed men, one was considered suitable for open employment after training and the other for sheltered employment without further training.

The following table gives details of cases newly registered during 1961 indicating the cause of the blindness, show whether treatment was recommended and whether such treatment was carried out.

TABLE 25

CAUSES OF BLINDNESS

Number of Cases registered during the year in which Section F(1) of Form B.D.8 recommends:-

	(a) No Treatment		(b) Treatment		No. of cases at (a) who have had treatment	
Cause of disability	City	Rural Area	City	Rural Area	City	Rural Area
Cataract	1	-	-	-	-	-
Glaucoma	-	-	2	-	2	-
Retrolental fibroplasia	-	-	-	-	-	-
Other	4	5	6	5	4	5

It will be noted that of the eight cases in the City recommended for treatment, two have not received it as they have not so far agreed to have the necessary surgical treatment.

No cases of ophthalmia neonatorum were notified in accordance with the Public Health (Ophthalmia Neonatorum) Regulations, 1926-37, during the year.

In June, the annual outing for the blind was arranged in two parts, one for blind persons in the City and the other for blind persons in the rural area. In each case the venue was Clacton-on-Sea and about 200 blind persons and their guides attended the City outing and the same number the rural area outing.

The annual party for blind persons from the City and the rural area was held in September at the Queen Edith School, Cambridge, and some 200 blind persons and their guides attended.

Mention was made in last year's report of meetings of individuals who had attended rehabilitation centres. This has now grown into an organisation known as the Rehabilitation Club for the Blind, holding regular meetings at which one or more of the Home Teachers are present and is proving a useful and

energetic addition to the social and rehabilitation activities available to the blind. Towards the end of the year members of the Club visited Prebend House, Leicester, where they had an opportunity of learning of the workshop activities and discussing rehabilitation arrangements with blind persons actually attending Prebend House. Three home teachers accompanied them on this visit.

Partially Sighted

The following table gives details of partially sighted persons by sex and age groups as at 31st December, 1961:-

TABLE 26

	City of Cambridge			Rural Area		
Age	Male	Female	Total	Male	Female	Total
0-1	-	-	-	-	-	-
2-4	-	-	-	-	-	-
5-15	1	1	2	1	-	1
16-20	-	1	1	3	-	3
21-49	3	1	4	1	1	2
50-64	3	3	6	5	2	7
65 +	2	6	8	2	7	9
Total	9	12	21	12	10	22

The total number of partially sighted persons shows an increase of 10 over the figure for 1960, the increase being more apparent in the rural area, where there were 7 new cases.

In the City, two of the children under 16 were receiving education in ordinary schools and one in the rural area was at a special school.

Visiting

During the year the City Home Teachers paid a total of 1,852 visits and gave 270 lessons to blind and partially sighted persons. The rural area Home Teachers paid 2,454 visits and gave 468 lessons.

Disabled Persons

The following table gives the numbers of disabled persons on the registers as at 31st December, 1961:-

TABLE 27

	City of Cambridge			Rural Area		
Age	Male	Female	Total	Male	Female	Total
0-5	-	-	-	-	-	-
5-16	-	-	-	-	-	-
16+	27	49	76	27	69	96
Total	27	49	76	27	69	96

The total number of disabled persons on the registers of the City and the rural area represents an increase of 32 over the figure for the end of 1960. The figure is likely to increase further, particularly in the rural area where a survey was commenced towards the end of the year to discover the true extent of handicapped persons in the area in need of services. At the time of writing the results of the survey are still being investigated.

Approximately 90 disabled persons from the City and the rural area attended the annual party arranged for them at the Queen Edith School in September.

Visiting

The City Home Teachers paid a total of 528 visits and gave 58 lessons to disabled persons. The respective figures for the rural area Home Teachers are 1,119 visits and 348 lessons.

Car Badges for Severely Disabled Drivers

In July the Ministry of Health issued Circular No. 17/61 on the provision of car badges which might ease the difficulties of severely disabled persons in finding suitable parking places without conferring any legal rights or privileges in the matter. It was suggested that eligibility should extend to the following:

(a) Drivers of invalid vehicles supplied by the Ministry of Health.

(b) Drivers of vehicles specially adapted for persons with defects of locomotion.

(c) Drivers with amputations which cause considerable difficulty in walking, or who suffer from a defect of the spine or the central nervous system which makes control of the lower limbs difficult.

The suggested scheme was adopted by the Council, badges were prepared and the facility was duly publicised. By the end of the year 27 severely disabled persons, resident in the rural area, had applied for and been issued with badges.

REGISTRATION OF NURSING HOMES

Inspections of the registered nursing homes have been undertaken during the year and it has to be recorded that only one has in fact taken patients during the period. It seems unlikely that the others will function as nursing homes again but the proprietors concerned wish to remain registered in case they should wish to take further patients.

The following table gives details of registered nursing homes in the Administrative County:-

TABLE 28

REGISTERED NURSING HOMES

	Number of homes	Number of beds provided for:-		
		Maternity	Others	Totals
Homes on the register at end of year	4	4	23	27
Homes exempt from registration at end of year	1	8	40	48

Medical Examination of Staff

The arrangement commenced in 1960 whereby the clinical examination of candidates for appointment with the County Council, including teaching staff and candidates seeking admission to Training Colleges, is undertaken by one of the medical staff of the health department, continued throughout the year 1961. X-ray examinations of the chest, where required, continued to be carried out at the Chest Clinic. During the year 252 candidates were examined clinically and the great majority also had a chest X-ray. The help of the Chest Physician in this connection is much appreciated.

VITAL STATISTICS

Area Comparability Factors

In order to compare the statistics of birth and death rates in the County districts with the birth and death rates for England and Wales, it is necessary to make a correction for the difference in age and sex distribution of the different populations. This is done by applying to the crude birth rate and crude death rate of the districts concerned "Area Comparability Factors" which have been estimated by the Registrar General and are shown in Tables B and M.

Census 1961

The census of population taken in April 1961 showed that the population of the Administrative County had increased in the 10 years since the last census from 166,887 to 189,913, a net increase of 23,026 persons, or 13·8%.

The Registrar General's mid-1961 estimate of the population showed an increase of 4,740 on the figure for mid-1960, an increase of 970 in the City and 3,770 in the rural area.

Births

The comparable birth rate of 17·1 live births per thousand population for the Administrative County showed a decrease of 0·8 on last year and is now 0·3 less than the average for England and Wales (17·4).

The number of illegitimate live births increased from 137 in 1960 to 155 in 1961. Shown as a percentage of the total live births occurring in the Administrative County the percentage of illegitimate live births is 5·0% (4·4% in 1960). The percentage of illegitimate live births in the City is 5·5% (5·9% in 1960); in the rural area 4·6% (3·1% in 1960).

Stillbirths

The number of stillbirths occurring in the Administrative County decreased still further, the stillbirth rate per 1,000 total births being 12·7 (14·1 in 1960). The rates for the City and rural area were 10·9 (12·5 in 1960) and 14·2 (15·4 in 1960) respectively.

Infant Mortality

The infant mortality rate for the Administrative County (deaths of children under one year of age per 1,000 live births) has risen to 17·0 compared with 16·5 in 1960. The rates for the City and rural area are 15·2 (18·3 in 1960) and 18·7 (15·1 in 1960) respectively.

The illegitimate infant mortality rate (deaths of illegitimate infants under one year per 1,000 illegitimate live births) shows a decrease, 12·9 in 1961, 29·2 in 1960. This is a rate liable to wide fluctuation because of the relative smallness of the figures involved.

The neonatal death rate (deaths in first weeks of life per 1,000 live births) showed an increase in the Administrative County, 12·9 in 1961 as against 11·1 in

1960. The rate for the City was 11·0 (11·3 in 1960) whilst the rate for the rural area increased to 14·4 (11·0 in 1960).

Since the main loss of young life to-day occurs either pre-natally or in the first week of life, it is now customary to express the loss as a per natal mortality rate (stillbirths plus deaths in the first week of life per 1,000 live and stillbirths). The rates for the Administrative County are 23·8 (24·1 in 1960); City 21·2 (21·6 in 1960); rural area 26·1 (26·2 in 1960).

Deaths

The comparable death rate for the Administrative County is 10·6 per 1,000 population: that for England and Wales is 12·0.

It will be observed that the greatest causes of death were again heart disease (753), cancer (378) and vascular lesions of the nervous system (329).

Deaths of persons over 65 amounted to 72·2% of the total deaths, an increase of one point on last year.

The foregoing is a summary of the more general aspects of the vital statistics which are given in detail in the following tables.

TABLE A

POPULATION

Year	Administrative County	City	Rural Area Aggregate	Rural Area		
				Chesterton	Newmarket	South Cambs.
1952	176,300	90,740	85,560	39,370	20,120	26,070
1953	177,100	90,910	86,190	39,450	20,110	26,630
1954	179,700	91,460	88,240	40,290	20,180	27,770
1955	179,800	91,140	88,660	40,490	20,190	27,980
1956	181,100	91,780	89,320	41,150	20,190	27,980
1957	182,200	91,980	90,220	41,850	20,230	28,140
1958	183,200	92,500	90,700	42,450	19,790	28,460
1959	184,500	93,140	91,360	42,980	19,880	28,500
1960	186,260	93,840	92,420	43,970	20,060	28,390
1961	191,000	94,810	96,190	45,380	20,930	29,880

TABLE B

LIVE BIRTH RATES PER THOUSAND POPULATION

England and Wales 1961 - 17.4 County 5 year average (1956-60) - 15·5

County			City			Rural Area Aggregate			Chesterton			Newmarket			South Cambridgeshire		
No.	Rate	Comparability factor	No.	Rate	Comparability factor	No.	Rate	Comparability factor	No.	Rate	Comparability factor	No.	Rate	Comparability factor	No.	Rate	Comparability factor
2,809	15.4	1.06	1,257	13.7	1.03	1,552	17.2	1.10	739	17.7	1.10	306	15.1	1.09	507	18.0	1.12
2,892	15.8	1.06	1,324	14.3	1.03	1,568	17.3	1.08	746	17.6	1.06	309	15.6	1.09	513	18.0	1.12
2,942	15.9	1.06	1,354	14.5	1.03	1,588	17.4	1.08	787	18.3	1.06	286	14.4	1.09	515	18.1	1.12
3,144	16.9	1.06	1,418	15.1	1.03	1,726	18.7	1.08	819	18.6	1.06	340	16.9	1.09	567	20.0	1.09
3,109	16.3	1.05	1,448	15.3	1.03	1,661	17.8	1.05	838	18.5	1.03	330	15.8	1.09	493	16.5	1.07

TABLE C

ILLEGITIMATE LIVE BIRTHS (Rate per cent of total live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	109	3.9	60	4.8	49	3.2
1958	129	4.5	64	4.8	65	4.1
1959	122	4.1	67	4.9	55	3.5
1960	137	4.4	83	5.9	54	3.1
1961	155	5.0	79	5.5	76	4.6

TABLE D

STILL BIRTHS (Rate per thousand total births)

England and Wales 1961 - 18·7 County 5 year average 1956-60 - 15·9

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	47	16.5	17	13.3	30	19.0
1958	42	14.3	17	12.7	25	15.7
1959	50	16.7	22	16.0	28	17.3
1960	45	14.1	18	12.5	27	15.4
1961	40	12.7	16	10.9	24	14.2

TABLE E

TOTAL LIVE AND STILL BIRTHS

Year	Administrative County	City	Rural Area Aggregate	Rural Area		
				Chesterton	Newmarket	South Cambs.
1959	2992	1376	1616	805	292	519
1960	3189	1436	1753	831	348	574
1961	3149	1464	1685	850	333	502

TABLE F

INFANT MORTALITY (Deaths under one year per thousand live births)

England and Wales 1961 - 21·4 County 5 year average (1956-60) - 18·1

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	52	18.5	25	19.9	27	17.4
1958	52	18.3	19	14.4	33	21.0
1959	49	16.7	29	21.4	20	12.6
1960	52	16.5	26	18.3	26	15.1
1961	53	17.0	22	15.2	31	18.7

TABLE G

INFANT MORTALITY RATE (legitimate)

(Rate per thousand legitimate live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	47	17.0	18	14.3	29	19.3
1959	48	17.0	28	21.8	20	13.0
1960	48	16.0	24	18.0	24	14.4
1961	51	17.3	21	15.3	30	18.9

TABLE H

INFANT MORTALITY RATE (Illegitimate)

(Rate per thousand illegitimate live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	5	38.8	1	15.6	4	61.5
1959	1	8.2	1	14.9	-	0.0
1960	4	29.2	2	24.1	2	37.0
1961	2	12.9	1	12.7	1	13.2

TABLE I

NEO NATAL DEATH RATE

(Deaths in first 4 weeks of life per 1,000 live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1958	38	13.1	15	11.3	23	14.7
1959	36	12.2	20	14.8	16	10.1
1960	35	11.1	16	11.3	19	11.0
1961	40	12.9	16	11.0	24	14.4

TABLE J

EARLY NEO NATAL DEATH RATE

(Deaths in first week of life per 1,000 live births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1959	33	11.2	19	14.0	14	8.8
1960	32	10.2	13	9.2	19	11.0
1961	35	11.3	15	10.4	20	12.0

TABLE K

PERINATAL MORTALITY RATE

(Stillbirths and deaths in first week of life combined per 1,000 total live and still births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1959	83	27.7	41	29.8	42	26.0
1960	77	24.1	31	21.6	46	26.2
1961	75	23.8	31	21.2	44	26.1

TABLE L

MATERNAL DEATHS (Rate per thousand total births)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	3	1.05	1	0.78	2	1.26
1958	2	0.68	1	0.75	1	0.63
1959	1	0.33	-	0.00	1	0.62
1960	-	0.00	-	0.00	-	0.00
1961	1	0.32	1	0.68	-	0.00

TABLE M

DEATH RATES PER THOUSAND POPULATION

England and Wales 1961 - 12·0 County 5 year average (1956-60) - 10·9

Year	County			City			Rural Area Aggregate		
	No.	Rate	Comparability Factor	No.	Rate	Comparability Factor	No.	Rate	Comparability Factor
1957	1,952	10.7	0.89	960	10.4	0.96	992	11.0	0.83
1958	1,984	10.8	0.91	974	10.5	1.00	1,010	11.1	0.84
1959	2,026	11.0	0.92	984	10.6	1.00	1,042	11.4	0.85
1960	1,960	10.5	0.95	917	9.8	1.02	1,043	11.3	0.95
1961	2,098	11.0	0.96	1,023	10.8	1.02	1,075	11.2	0.89

TABLE N

TUBERCULOSIS DEATHS (all forms)

(Rate per 1,000 population)

	County		City		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1957	5	0.03	2	0.02	3	0.03
1958	9	0.05	6	0.06	3	0.03
1959	6	0.03	-	0.00	6	0.07
1960	10	0.05	3	0.03	7	0.08
1961	8	0.04	4	0.04	4	0.04

TABLE 0

CANCER DEATHS

	County				City				Rural Area Aggregate			
	Male		Female		Male		Female		Male		Female	
	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung and Bronchus	All Sites	Lung a Bronch
1958	209	73	170	11	104	36	95	7	105	37	75	4
1959	190	55	159	7	87	26	77	4	103	29	82	3
1960	191	65	170	9	94	35	85	6	97	30	85	3
1961	182	69	196	12	81	32	107	8	101	37	89	4

TABLE P

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

City of Cambridge

	0–		1–		5–		15–		25–		45–		65–		75–		All Ages		1960	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	1	2	2	2	1
2. Tuberculosis, other	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
3. Syphilitic disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	4	–
4. Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
5. Whooping cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
6. Meningococcal infections	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
7. Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
8. Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
9. Other infective and parasitic diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	4	2	3
10. Malignant neoplasm, stomach	–	–	–	–	–	–	–	–	–	–	2	–	5	–	–	4	7	4	14	12
11. Malignant neoplasm, lung, bronchus	–	–	–	–	–	–	–	–	1	–	18	4	10	2	3	2	32	8	35	6
12. Malignant neoplasm, breast	–	–	–	–	–	–	–	–	–	2	–	9	–	6	–	10	–	27	–	12
13. Malignant neoplasm, uterus	–	–	–	–	–	–	–	–	–	1	–	4	–	2	–	–	–	7	–	4
14. Other malignant and lymphatic neoplasms	–	–	–	–	–	–	1	3	2	13	25	11	16	15	17	42	61	45	51
15. Leukaemia, aleukaemia	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	2	2	3	1	2
16. Diabetes	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	3	7
17. Vascular lesions of nervous system	–	–	–	–	–	–	–	–	1	–	5	11	15	24	28	78	49	113	60	111
18. Coronary disease, angina	–	–	–	–	–	–	–	–	–	–	42	8	39	21	42	43	123	72	72	73
19. Hypertension with heart disease	–	–	–	–	–	–	–	–	–	–	1	1	2	6	3	10	6	17	5	15
20. Other heart disease	–	–	–	–	–	–	–	–	–	2	4	3	6	5	16	38	26	48	23	47
21. Other circulatory disease	–	–	–	–	–	–	–	–	–	–	8	5	4	2	7	21	19	28	16	23
22. Influenza	–	–	–	–	–	–	–	–	–	–	–	–	2	–	4	8	6	8	1	–
23. Pneumonia	–	–	–	–	–	1	–	–	1	–	4	1	10	5	21	21	36	28	21	19
24. Bronchitis	2	–	–	–	–	–	–	–	1	–	8	2	17	2	13	16	41	20	38	12
25. Other diseases of respiratory system	–	–	–	–	–	–	–	–	–	–	1	1	4	–	2	2	7	3	7	2
26. Ulcer of stomach and duodenum	–	–	–	–	–	–	–	–	–	–	2	1	1	1	2	5	5	7	10	9
27. Gastritis, enteritis and diarrhoea	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	–	1	2	2	1
28. Nephritis and nephrosis	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	1	2	2	4	2
29. Hyperplasia of prostate	–	–	–	–	–	–	–	–	–	–	–	–	1	–	4	–	5	–	5	–
30. Pregnancy, childbirth, abortion	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	–
31. Congenital malformation	2	6	–	–	–	–	–	–	–	–	1	–	–	–	–	–	3	6	6	2
32. Other defined and illdefined diseases	8	3	1	1	–	1	–	–	5	1	3	10	2	10	6	28	25	54	26	37
33. Motor vehicle accidents	–	–	–	–	2	–	1	1	–	1	1	1	2	–	1	1	7	4	9	1
34. All other accidents	1	–	1	–	–	–	–	–	–	–	2	–	1	2	5	14	10	16	14	13
35. Suicide	–	–	–	–	–	–	4	1	1	1	8	3	1	–	–	–	14	5	14	11
36. Homicide and operations of war	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
ALL CAUSES	13	9	2	1	2	2	5	3	13	11	125	91	134	110	177	325	471	552	440	477

TABLE Q

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Aggregate of Rural Districts

	0-		1-		5-		15-		25-		45-		65-		75-		All Ages		1960	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	–	–	–	–	–	–	–	–	–	–	3	1	–	–	–	–	3	1	5	2
2. Tuberculosis, other	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
3. Syphilitic disease	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–
4. Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
5. Whooping cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
6. Meningococcal infections	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
7. Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
8. Measles	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–
9. Other infective and parasitic diseases	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	3
10. Malignant neoplasm, stomach	–	–	–	–	–	–	–	–	1	–	3	6	7	3	6	4	17	13	16	6
11. Malignant neoplasm, lung, bronchus	–	–	–	–	–	–	–	–	–	–	23	4	12	–	2	–	37	4	30	3
12. Malignant neoplasm, breast	–	–	–	–	–	–	–	–	–	1	–	5	–	3	–	2	–	11	–	15
13. Malignant neoplasm, uterus	–	–	–	–	–	–	–	–	–	1	–	4	–	1	–	1	–	7	–	14
14. Other malignant and lymphatic neoplasms	–	–	–	1	–	–	–	1	2	3	16	16	15	18	14	15	47	54	51	47
15. Leukaemia, aleukaemia	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	1	2	6	3
16. Diabetes	–	–	–	–	–	–	–	–	–	–	–	–	1	2	–	1	1	3	3	4
17. Vascular lesions of nervous system	–	–	–	–	–	–	–	–	–	–	9	12	20	24	30	72	59	108	69	95
18. Coronary disease, angina	–	–	–	–	–	–	–	–	1	2	35	11	41	20	43	44	120	77	100	75
19. Hypertension with heart disease	–	–	–	–	–	–	–	–	–	–	2	2	1	2	4	9	7	13	8	13
20. Other heart disease	–	–	–	–	–	–	–	–	1	1	6	2	5	13	52	57	64	73	62	85
21. Other circulatory disease	–	–	–	–	–	–	–	–	–	–	6	5	7	9	12	21	25	35	26	23
22. Influenza	–	–	–	–	–	–	–	–	–	–	2	–	1	–	1	–	4	–	2	3
23. Pneumonia	2	2	–	–	–	–	–	–	–	–	3	2	6	9	15	21	26	34	18	25
24. Bronchitis	1	–	–	–	–	–	–	–	–	–	6	3	8	2	19	3	34	8	30	11
25. Other diseases of respiratory system	–	–	–	–	1	–	–	–	–	–	1	–	4	2	1	–	7	2	7	3
26. Ulcer of stomach and duodenum	–	–	–	–	–	–	–	–	–	–	1	1	1	–	2	1	4	2	7	3
27. Gastritis, enteritis and diarrhoea	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	1	1	4	1	–
28. Nephritis and nephrosis	–	–	–	–	–	–	–	–	–	–	3	–	1	–	–	2	4	2	3	3
29. Hyperplasia of prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	–	3	–
30. Pregnancy, childbirth, abortion	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
31. Congenital malformation	4	4	–	–	1	1	–	–	1	–	1	1	–	–	1	–	8	6	3	2
32. Other defined and illdefined diseases	9	7	–	–	1	1	1	1	3	2	3	10	3	6	22	16	42	43	46	41
33. Motor vehicle accidents	–	–	–	–	2	–	4	–	6	–	4	–	1	2	2	–	19	2	21	–
34. All other accidents	1	1	–	–	1	–	1	–	1	1	4	1	1	1	2	10	11	14	14	23
35. Suicide	–	–	–	–	–	–	1	–	2	–	2	3	–	1	1	–	6	4	4	1
36. Homicide and operations of war	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
ALL CAUSES	17	14	–	2	6	2	7	2	18	12	135	92	136	119	232	281	551	524	537	506

TABLE R

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Administrative County

	0-		1-		5-		15-		25-		45-		65-		75-		All Ages		1960	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	-	-	-	-	-	-	-	-	-	-	4	2	-	-	1	1	5	3	7	3
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
3. Syphilitic disease	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	1	4	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	1	-	-	2	-	2	1	4	3	6
10. Malignant neoplasm, stomach	-	-	-	-	-	-	-	-	1	-	5	6	12	3	6	8	24	17	30	18
11. Malignant neoplasm, lung, bronchus	-	-	-	-	-	-	-	-	1	-	41	8	22	2	5	2	69	12	65	9
12. Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	3	-	14	-	9	-	12	-	38	-	27
13. Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	2	-	8	-	3	-	1	-	14	-	18
14. Other malignant and lymphatic neoplasms	-	-	-	1	-	-	-	2	5	5	29	41	26	34	29	32	89	115	96	98
15. Leukaemia, aleukaemia	-	-	-	-	-	-	-	-	-	-	1	2	1	-	1	3	3	5	7	5
16. Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	1	3	-	2	1	5	6	11
17. Vascular lesions of nervous system	-	-	-	-	-	-	-	-	1	-	14	23	35	48	58	150	108	221	129	206
18. Coronary disease, angina	-	-	-	-	-	-	-	-	1	2	77	19	80	41	85	87	243	149	172	148
19. Hypertension with heart disease	-	-	-	-	-	-	-	-	-	-	3	3	3	8	7	19	13	30	13	28
20. Other heart disease	-	-	-	-	-	-	-	-	1	3	10	5	11	18	68	95	90	121	85	132
21. Other circulatory disease	-	-	-	-	-	-	-	-	-	-	14	10	11	11	19	42	44	63	42	46
22. Influenza	-	-	-	-	-	-	-	-	-	-	2	-	3	-	5	8	10	8	3	3
23. Pneumonia	2	2	-	-	-	1	-	-	1	-	7	3	16	14	36	42	62	62	39	44
24. Bronchitis	3	-	-	-	-	-	-	-	1	-	14	5	25	4	32	19	75	28	68	23
25. Other diseases of respiratory system	-	-	-	-	1	-	-	-	-	-	2	1	8	2	3	2	14	5	14	5
26. Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	3	2	2	1	4	6	9	9	17	12
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-	1	1	1	-	3	1	1	2	6	3	1
28. Nephritis and nephrosis	-	-	-	-	-	-	-	-	-	-	3	-	2	1	1	3	6	4	7	5
29. Hyperplasia of prostate	-	-	-	-	-	-	-	-	-	-	-	-	1	-	7	-	8	-	8	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-
31. Congenital malformation	6	10	-	-	1	1	-	-	1	-	2	1	-	-	1	-	11	12	9	4
32. Other defined and illdefined diseases	17	10	1	1	1	2	1	1	8	3	6	20	5	16	28	44	67	97	72	78
33. Motor vehicle accidents	-	-	-	-	4	-	5	1	6	1	5	1	3	2	3	1	26	6	30	1
34. All other accidents	2	1	1	-	1	-	1	-	1	1	6	1	2	3	7	24	21	30	28	36
35. Suicide	-	-	-	-	-	-	5	1	3	1	10	6	1	1	1	-	20	9	18	12
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
ALL CAUSES	30	23	2	3	8	4	12	5	31	23	260	183	270	229	409	606	1022	1076	977	983

TABLE 29

NOTIFICATION OF INFECTIOUS DISEASE IN THE CITY IN AGE GROUPS, 1961

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection	Totals
			Paralytic	Non-paralytic					
Under 1 year	–	5	–	–	25	–	–	–	30
1– "	–	10	–	–	84	–	–	1	95
2– "	4	8	–	–	92	–	2	–	106
3– "	5	8	–	–	97	–	1	–	111
4– "	11	9	–	–	136	–	1	–	157
5– 9 "	40	31	–	–	369	–	–	–	440
10–14 "	4	7	–	–	25	–	1	–	37
15–24 "	–	3	–	–	5	–	8	–	16
25 and over	–	2	–	–	3	–	4	–	9
Age unknown	–	1	–	–	11	–	3	1	16
Totals	64	84	–	–	847	–	20	2	1,017
1960 Totals	59	18	–	1	62	–	84	1	225

Age in Years	Acute pneumonia	Small-pox	Acute Encephalitis		Enteric or typhoid fever	Para-typhoid fever	Erysi-pelas	Food poison-ing	Puer-peral Pyrexia	Oph-thalmia Neona-torum	Totals
			Infective	Post-Infectious							
Under 5 years	–	–	–	–	–	–	–	–	–	–	–
5–14 "	–	–	–	–	–	–	–	–	–	–	–
15–44 "	2	–	–	–	–	–	–	8	–	–	10
45–64 "	4	–	–	–	–	–	1	2	–	–	7
65 and over	3	–	–	–	–	–	2	1	–	–	6
Age unknown	–	–	–	–	–	–	–	8	12	1	21
Totals	9	–	–	–	–	–	3	19	12	1	44
1960 Totals	13	–	–	–	1	1	5	–	31	–	51

TABLE 29A

NOTIFICATION OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY) IN AGE GROUPS, 1961

Age in Years	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Dysentery	Meningococcal infection	Totals
			Paralytic	Non-paralytic					
Under 1 year	-	6	-	-	40	-	-	-	46
1- "	1	14	-	-	95	-	-	-	110
2- "	4	8	-	-	128	-	-	-	140
3- "	3	20	-	-	146	-	-	-	169
4- "	2	21	-	-	188	-	-	-	211
5- 9 "	26	79	-	-	659	-	2	-	766
10-14 "	5	29	-	-	124	-	1	-	159
15-24 "	2	1	-	-	14	-	-	-	17
25 and over	-	7	-	-	13	-	2	-	22
Totals	43	185	-	-	1,407	-	5	-	1,640
1960 Totals	110	111	-	-	204	-	133	-	558

Age in Years	Acute pneumonia	Small-pox	Acute Encephalitis		Enteric or typhoid fever	Para-typhoid fever	Erysi-pelas	Food poison-ing	Puer-peral Pyrexia	Oph-thalmia Neona-torum	Totals
			Infective	Post-Infectious							
Under 5 years	2	-	-	-	-	-	-	3	-	-	5
5-14 "	3	-	-	-	-	-	-	5	-	-	8
15-44 "	3	-	-	-	-	-	5	18	4	-	30
45-64 "	5	-	-	-	-	-	2	6	-	-	13
65 and over	1	-	-	-	-	-	-	1	-	-	2
Age unknown	-	-	-	-	-	-	-	-	-	-	-
Totals	14	-	-	-	-	-	7	33	4	-	58
1960 Totals	22	-	1	-	-	-	5	11	2	-	41